

Foster Family Home - Corrective Action Report

Provider ID: 1-090084

Home Name: Antonia Josue, CNA

94-835 Kaaholo Street

Waipahu HI 96797

Review ID: 1-090084-6

Reviewer: Julie Hastings

Begin Date: 5/1/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date